

Application to Local Registrar for Copy of Birth Record

CERTIFICATE INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|--|---------------------------------------|--|--|-----------------------------------|---|---|---|--|---|--|---|---|-------------------------------------|---|---|-------------------------------------|--|--|--|--|--|
| First Middle Last Name | | | Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M D D Y Y Y Y | | | | | | | | | | | | | | | | | | | | | | | |
| Place of Birth <small>Hospital (If not hospital, give street & number)</small> | | | (Village, Town or City) | | | County | | | | | | | | | | | | | | | | | | | | |
| First Middle Last Father | | | Maiden Name First Middle Last of Mother | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Copies Requested | | | Enter Birth No. if Known | | | Enter Local Registration No. if Known | | | | | | | | | | | | | | | | | | | | |
| Purpose for Which Record is Required (Check One) | | | <table border="0"><tr><td><input type="checkbox"/> Passport</td><td><input type="checkbox"/> Working Papers</td><td><input type="checkbox"/> Welfare Assistance</td></tr><tr><td><input type="checkbox"/> Social Security-Retirement</td><td><input type="checkbox"/> School Entrance</td><td><input type="checkbox"/> Veteran's Benefits</td></tr><tr><td><input type="checkbox"/> Social Security-SSI</td><td><input type="checkbox"/> Driver's License</td><td><input type="checkbox"/> Court Proceeding</td></tr><tr><td><input type="checkbox"/> Retirement</td><td><input type="checkbox"/> Marriage License</td><td><input type="checkbox"/> Entrance into Armed Forces</td></tr><tr><td><input type="checkbox"/> Employment</td><td colspan="2"></td></tr><tr><td><input type="checkbox"/> Other (Specify) _____</td><td colspan="2"></td></tr></table> | | | | | | <input type="checkbox"/> Passport | <input type="checkbox"/> Working Papers | <input type="checkbox"/> Welfare Assistance | <input type="checkbox"/> Social Security-Retirement | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Veteran's Benefits | <input type="checkbox"/> Social Security-SSI | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Court Proceeding | <input type="checkbox"/> Retirement | <input type="checkbox"/> Marriage License | <input type="checkbox"/> Entrance into Armed Forces | <input type="checkbox"/> Employment | | | <input type="checkbox"/> Other (Specify) _____ | | |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Working Papers | <input type="checkbox"/> Welfare Assistance | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Social Security-Retirement | <input type="checkbox"/> School Entrance | <input type="checkbox"/> Veteran's Benefits | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> Employment | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |

APPLICANT INFORMATION

| | | | | | |
|--|--|---|--|--|--|
| NAME FIRST MIDDLE LAST | | If attorney, give name and relationship of your client to person whose record is required | | | |
| What is your relationship to person whose record is required? <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Other, specify _____ | | <table border="1"><tr><td></td><td></td></tr></table> | | | |
| | | | | | |
| Telephone No. (<input type="text"/> <input type="text"/> <input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | (name of client) (relationship) | | | |
| Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| Signature of Applicant | | Date | | | |
| | | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YY | | | |
| Address of Applicant | | FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) | | | |
| Street | | TYPE OF ID | | | |
| City State Zip Code | | <input type="checkbox"/> Driver's License | | | |
| | | State ____ No. ____ | | | |
| | | <input type="checkbox"/> Other ID, specify _____ | | | |
| | | No. _____ | | | |

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's license
2. Non-driver's license
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED